



EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT

Position(s) Applied For _____ Date of Application _____

Referral Source: Advertisement Employee Relative Walk-in
 Government Employment Agency Private Employment Agency Other

Name of Source (If Applicable) _____

Name _____ SS# _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE ZIP

Phone _____ CELL HOME WORK BEST TIME TO CALL? _____

Phone _____ CELL HOME WORK BEST TIME TO CALL? _____

May we contact you at work? _ _ _ _ _ Yes No

If under 18, can you furnish a work permit? _ _ _ _ _ Yes No

Have you filed an application here before? _ _ _ _ _ Yes No Date: _____

Have you been employed here before? _ _ _ _ _ Yes No Date: _____

Are you legally eligible for employment in this country? _ _ _ _ _ Yes No
(Proof of US Citizenship or immigration status will be required upon employment.)

Date available for work: _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-op

Are you on lay-off and subject to recall? _ _ _ _ _ Yes No

Will you work overtime if required? _ _ _ _ _ Yes No

Will you relocate if job requires it? _ _ _ _ _ Yes No

Will you travel if job requires it? _ _ _ _ _ Yes No

Have you ever been bonded? _ _ _ _ _ Yes No

Have you been convicted of a felony in the last 7 years? _ _ _ _ _ Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain: _____

Driver's license number (if required by job): _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL BACKGROUND

SCHOOL	NAME/ADDRESS	DATES OF ATTENDANCE		DID YOU GRADUATE	LAST GRADE COMPLETED	CUM. GPA	COURSE OF STUDY OR DEGREE COMPLETED
		FROM YEAR	TO YEAR				
GRADE SCHOOL							
HIGH SCHOOL							
COLLEGE							
BUSINESS SCHOOL							
OTHER							
SCHOLARSHIPS, HONORS, ETC.							
EXTRACURRICULAR ACTIVITIES							
COURSES RELATED TO POSITION DESIRED OR SPECIAL SKILLS							

REFERENCES

List 3 individuals who have knowledge of your occupational skills and/or background who are not related to you and are not previous supervisors.

1	NAME	ADDRESS		
	OCCUPATION	TELEPHONE	YEARS KNOWN	
2	NAME	ADDRESS		
	OCCUPATION	TELEPHONE	YEARS KNOWN	
3	NAME	ADDRESS		
	OCCUPATION	TELEPHONE	YEARS KNOWN	

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications and awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

AN EQUAL OPPORTUNITY EMPLOYER

EXPERIENCE RECORD

THIS SECTION MUST BE COMPLETED

NOTE: List paid and volunteer experience as applicable, starting with the last (or present) place worked first. Account for the last 10 years (or all years worked if less than 10.)

1	FROM (MO.YR.)	COMPANY OR ORGANIZATION	CITY	PHONE
	TO (MO.YR.)	NO. PEOPLE SUPERVISED	SUPERVISOR	REASON FOR LEAVING
	DESCRIPTION OF DUTIES/JOB TITLE (IF SALES, ALSO GIVE AREA COVERED)			SALARY - STARTING
				SALARY - LAST
2	FROM (MO.YR.)	COMPANY OR ORGANIZATION	CITY	PHONE
	TO (MO.YR.)	NO. PEOPLE SUPERVISED	SUPERVISOR	REASON FOR LEAVING
	DESCRIPTION OF DUTIES/JOB TITLE (IF SALES, ALSO GIVE AREA COVERED)			SALARY - STARTING
				SALARY - LAST
3	FROM (MO.YR.)	COMPANY OR ORGANIZATION	CITY	PHONE
	TO (MO.YR.)	NO. PEOPLE SUPERVISED	SUPERVISOR	REASON FOR LEAVING
	DESCRIPTION OF DUTIES/JOB TITLE (IF SALES, ALSO GIVE AREA COVERED)			SALARY - STARTING
				SALARY - LAST
4	FROM (MO.YR.)	COMPANY OR ORGANIZATION	CITY	PHONE
	TO (MO.YR.)	NO. PEOPLE SUPERVISED	SUPERVISOR	REASON FOR LEAVING
	DESCRIPTION OF DUTIES/JOB TITLE (IF SALES, ALSO GIVE AREA COVERED)			SALARY - STARTING
				SALARY - LAST
5	FROM (MO.YR.)	COMPANY OR ORGANIZATION	CITY	PHONE
	TO (MO.YR.)	NO. PEOPLE SUPERVISED	SUPERVISOR	REASON FOR LEAVING
	DESCRIPTION OF DUTIES/JOB TITLE (IF SALES, ALSO GIVE AREA COVERED)			SALARY - STARTING
				SALARY - LAST

ADDITIONAL INFORMATION NECESSARY FOR A COMPLETE PRESENTATION OF YOUR QUALIFICATIONS

MILITARY BRANCH OF US SERVICE	MAJOR DUTIES
MILITARY SCHOOLS ATTENDED	MILITARY JOB EXPERIENCE

Employer may investigate my background and employment record. I authorize any person or company to furnish any information in their possession without liability. I certify that all statements made by me on this application are true.

NAME _____ DATE _____

SIGNATURE _____

AN EQUAL OPPORTUNITY EMPLOYER

JOB

APPLICANT'S JOB PREFERENCE IN ORDER:	MANAGEMENT'S PREFERENCE IN ORDER: (OFFICE USE ONLY)
1.	1.
2.	2.
3.	3.
4.	4.

Preference not stated as application was not reviewed by management.

Application received by: _____ Date: _____

Application received: In person By mail From website Other

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. Furthermore, I understand that as I am free to resign at anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I certify that all statements made by me in this application are true.

Applicant's Signature: _____ Date: _____

PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT

PRE-EMPLOYMENT TESTING REQUIREMENTS:

ALL JOB APPLICANTS TO WHOM A JOB OFFER HAS BEEN MADE WILL BE TESTED FOR THE USE OF CONTROLLED SUBSTANCES, AT EMPLOYER'S EXPENSE, AS A PRE-QUALIFICATION CONDITION BEFORE THEIR HIRING IS FINAL.

THEREFORE,

As a condition of my employment application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance(s) based on the urinalysis test will disqualify me from further job consideration with company.

Negative and positive results will be reported to this company and maintained in a confidential file.

My written authorization is required for the urinalysis test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

I also agree to reimburse Employer for the testing fee if I do not complete the 120-day probationary period after my hire date.

Applicant's Name Printed: _____ Date: _____

Applicant's Signature: _____ Date: _____

Company Representative
Witness Signature: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER